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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/410,835 10/01/1999 ABN which is a CON of 08/471,491 06/06/1995 PAT 6,090,611
 which is a DIV of 08/256,848 10/21/1994 ABN
 which is a 371 of PCT/EP93/00472 03/02/1993
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**** FOREIGN APPLICATIONS *******

ITALY FI 92 A 000052 03/02/1992

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	STATE OR COUNTRY ITALY	SHEETS DRAWING 14	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
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ADDRESS

Chiron Corporation
 Intellectual Property
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 Emeryville, CA94662-8097

TITLE

Helicobacter pylori CAI antigen

FILING FEE RECEIVED 1682	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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